



## MINUTES

Medical Quality Improvement Committee (MQuIC)  
 1st fl. Conference Rm 225 E.16<sup>th</sup> Ave  
 September 26, 2013 9:00 a.m. - 3:00 p.m.

Attendees	Absent/Excused
Katie Mortenson, Health Care Policy and Financing	Annie Lee, Kaiser Permanente
Marilyn Gaipa, Denver Health Hospital Authority	David Brody, Denver Health Hospital Authority
Carolyn Segalini, Health Care Policy and Financing	Dr. Susan Pharo, Kaiser Permanente
Carrie Bandell, Colorado Access	Keechia Merriweather, Kaiser Permanente
Melissa Kulasekere, Colorado Access	Tammy Gianfrancisco, Health Services Advisory Group
Meadow Jaime, Colorado Access (by phone)	William Heller, Health Care Policy and Financing
Rachel Henrichs, Health Services Advisory Group (HSAG)	Kathryn Jantz, Health Care Policy and Financing
Jill Bystol, Rocky Mountain Health Plans	Kristy Swanson, Health Services Advisory Group
Teresa Craig, Health Care Policy and Financing	Paula Davis, Colorado Community Health Network
Jackie Hudson, Rocky Mountain Health Plans (by phone)	Kate Bell, Health Services Advisory Group
Russell Kennedy, Health Care Policy and Financing	Jessica Nell, Denver Health Hospital Authority
Barbara McConnell, Health Services Advisory Group	Craig Gurule, Denver Health Hospital Authority
Jeremy Sax, Health Care Policy and Financing	David Klemm, Rocky Mountain Health Plans
Christi Melendez, Health Services Advisory Group	Heidi Walling, Health Care Policy and Financing
Nancy Sonnenfeld, Kaiser Permanente	Mary-Katherine Barroso, Denver Health Hospital Authority
Westley Reed, Denver Health Hospital Authority	Allison Kennedy, Denver Health Hospital Authority
Sage Winchester, Avysion Healthcare	Marilea Rose, Health Services Advisory Group
Sara Lomeli, Health Services Advisory Group (by phone)	Gina Robinson, Health Care Policy and Financing
Alana Berrett, Health Services Advisory Group	Bethany Himes, Colorado Access
Suzanne Kinney, Access Behavioral Care	Amber Saldivar, Health Services Advisory Group
Kathy Bartilotta, Health Services Advisory Group	Polly Wilson, Colorado Access
Diane Somerville, Health Services Advisory Group	Shelly Siedelberg, Denver Health Hospital Authority
Camille Harding, Health Care Policy and Financing	Suzan Livengood, Denver Health Hospital Authority
Alan Kislowitz, Health Care Policy and Financing	Lynn Nash, Colorado Choice
MaryJo Strobel, Kaiser Permanente (by phone)	Christine Tagliaferri, Denver Health Hospital Authority
Manuela Heredia, Colorado Choice (by phone)	Analicia Baer, Denver Health Hospital Authority
David Mabb, Health Services Advisory Group (by phone)	
Judy Zerzan, Health Care Policy and Financing	
Sean-Casey King, Kaiser Permanente	
Candaer Duran, Rocky Mountain Health Plans (by phone)	
Erica-Arnold Miller, Colorado Health Partnerships (by phone)	
Barbara Smith, Foothills Behavioral Health Partners (by phone)	
Jeremy White, Value Options (by phone)	
Lindsay Cowee, Behavioral Healthcare Inc (by phone)	
Kelly Brune, Value Options (by phone)	

Mission- To improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.

Mona Allen, RCCO #4	
Jerry Ware, Health Care Policy and Financing	

Topic	Discussion	Result
Welcome and introductions	Introductions completed.	
Review minutes from July 2013	Minutes were reviewed and approved.	To view past minutes and additional information about MQuIC visit <a href="http://www.colorado.gov/hcpf">www.colorado.gov/hcpf</a> and click on Boards and Committees.
Open discussion with Judy Zerzan M.D. (additional input shared will be on Department projects & initiatives, Medicaid Expansion, other)	Judy opened the discussion by noting the Department's main efforts are going into the Accountable Care Collaborative (ACC) and that about half of the Medicaid population is in the ACC. Judy also noted that the Department will be submitting a new plan in October for a larger portion of the State Innovation Model (SIM) grant. This grant involves integration of behavioral and physical health. Judy also shared information that the Behavioral Health Organization (BHO) request for proposal (RFP) is being worked on. Other projects being worked on, or recently completed include: Medicaid Expansion (opens October 1, 2013), upgrades to PEAK, new website which includes videos and other helpful information ( <a href="http://Colorado.gov/health">Colorado.gov/health</a> ). Judy mentioned people signing up for Medicaid Expansion won't be eligible until January 1, 2014 and that these clients will receive a denial letter in the mail which may be confusing. It was also noted that work was being done on benefit link up for expansion as compared to regular Medicaid benefits. Judy also said habilitation to maintain function is a new area the Department is working on for the expansion population. The Quality and Health Improvement Unit will be aligning quality efforts with the Office of Behavioral Health (OBH) and the Colorado Department of Public Health and Environment (example, depression projects). The Social Genome Project is a part of this effort the Department is working on to align with 3 agencies performance measure reporting. Judy said the Department may follow up with health plans to gain more insight for the Adult Measures grant which focuses on depression and diabetes. Performance Improvement Projects (PIPs) is another project the Department is modifying to align efforts across the state and may provide more timely processes. Sean asked if expansion benefits are set for January 1, 2014 and Judy said yes. Sean also asked if new benefits will be applied to CHP+ clients. Judy said no, CHP+ benefits are on a separate process.	
ICD-10 Implementation Update	Carolyn reviewed what ICD-10 was (example, increased diagnostic codes) and noted that the Department is working on a number of projects/policies in preparation for the October 1, 2014 implementation date. The Department is using OPTUM software to do mapping versus CMS's GEM software. Carolyn noted that the Department has also	

Mission- To improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.

	created an ICD-10 website ( <a href="http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1251641242086">http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1251641242086</a> ) and hiring new staff to assist with implementation task and concluded this topic by noting an external Readiness Survey was planned for later this fall.	
416 Discussion/Update	Katie noted that there was a data problem and that Gina will be following up with health plans at a later date concerning that problem. Katie then said the Department has not reached the CMS goal of 80% of well child visits. Katie also noted that as of July 2014 Regional Care Collaborative Organizations (RCCOs) will have a Key Performance Indicator (KPI) for well child visits. Katie concluded this topic by noting Health Communities is doing a push on well child visits and that she will send a code set for what is covered for well child visits.	<b>Katie will follow up with health plans and share a code set.</b>
Compliance Site Reviews FY 13/14	Barbara M. and Russell noted that this was a focused year for site reviews and that they are looking to add Medicaid focus groups to the criteria this time out. Barbara also noted that the site review tool will be going out October 12, 2013 and that plans to contact health plan providers is set for November 2013. Barbara and Russell noted that a letter will be sent out to Denver Health and Rocky Mountain health plans about the start date of the provider calls. Sean noted the amount of work being done with NCQA and wondered if a link could be shared that notes the crosswalk for NCQA and federal guidelines?	<b>Barbara M. will share a link to the crosswalk with health plans.</b>
Rocky Mountain Health Plan (RMHP) Coordination of Care Performance Improvement Projects (PIPs) Presentation	Jackie opened the presentation by noting this was a challenging PIP and that there were a number of interventions worked with the local BHO, Department of Human Services, and the Mesa County IPA. Jackie noted that this PIP was completed at the end of 2012, but that she can be contacted for additional information. This PIP historically was started in 2006 because the government wanted to improve on mental health services. Some barriers for this 5 year project include the sharing of information. A focus study was also completed that relates to this PIP. In 2009 staff worked with the local BHO to improve coordination and some input received from BHO providers indicated that physical health providers didn't respond to BHO contacts with them. A database was created to track emergency usage and that input was shared with the IPA. The president of the IPA would meet with physicians about the data. Over time the project found that emergency utilization increased if contact was not kept with members. In 2010 a practice transformation with a Beacon team of coaches for provider offices started. In 2011 continued dialog with the BHO on improvements and focus on the top emergency department utilizers started. It was noted that 2011 was the year of the most improvements and Jackie then noted that her plan researched what other states were doing in regards to sharing of information. After the presentation Nancy asked what effort was made to get BHO oversight? Jackie said they contacted the CEO of Colorado West to assist with that. Marilyn asked about integration services and Jackie noted that they do co-location, and checked into mental health first aid. The discussion ended with Jackie addressing Camille's inquiry if the PIP looked into the behavioral health treatment the ER clients were receiving.	
Health Plan Updates	<u>Jackie</u> noted that her plan was going through NCQA accreditation, preparing for the compliance site review, preparing for HEDIS collection, working on two PIPs and preparing for behavioral health integration this fall. <u>Carrie</u> noted similar activities and	

Mission- To improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.

	that her plan did URAC accreditation, working on quality plans, working on single entry point services for Denver County, and reviewing HEDIS and CAHPS data. <u>Nancy</u> noted her plan was working on CHP+ deliverables, quality plans, corrective actions for CAHPS, HEDIS continuous enrollment data, and integration services. Nancy also noted that she was transitioning to another position and that Sean would be the new contact for MQuIC. Sean also noted that their plan is aligning coordination for CHP+ and Medicaid and working with NCQA. <u>Marilyn</u> noted that her plan was working with NCQA for commercial lines of business and will review efforts for Medicaid, looking at CAHPS & HEDIS data, partnering with school based clinics. Westley also noted that their plan is working on PIPs, submitting corrective actions and working on deliverables. <u>Manuela</u> noted the staff changes that have taken place at her health plan, that they are going through URAC accreditation, planning for the compliance site review and that Lynn is working with internal committees on related issues.	
<p>Department Updates:</p> <ul style="list-style-type: none"> <li>• Adult Medicaid Quality Measures (AMQM) Grants</li> <li>• Regional Care Collaborative Organization (RCCO) quality meetings</li> </ul>	<p>Diane, the Department's grant manager, reviewed specifics for the AMQM grant (example, 20 other states received similar grants). Diane shared input on the RCCO projects currently being worked on, and Carrie shared some input about what her RCCOs were working on. Diane concluded the topic by noting work was being done on a dashboard for the data.</p> <p>Katie reviewed the structure and subcommittees for the RCCOS, talked about emergency utilization and how those rates are going up. Camille shared information about having all plans meet on a quarterly basis and Carrie shared input on topics discussed in RCCO meetings to assist with understanding the content of a quarterly meeting with all health plans.</p>	
Brainstorming session with health plans to align potential Performance Improvement Projects (PIPs)	<p>Katie noted that health plans should continue with their current PIP/s, but that the Department is looking to change the completion date for PIPs to 1 to 2 years. Katie said previous input on the type of PIP plans would like to address statewide pointed to an emergency utilization PIP, but that she was not in favor of this topic. Katie suggested that plans consider a care transitions topic and asked what plans felt about this topic. Barbara S. noted that her plan has been working on this topic for some time and is targeting a 9 day recidivism and that she likes the topic. Erica said she would support this topic as well. Camille also noted that she is in favor of this topic. Carrie ask for the Department to define transitions and Katie noted 4 categories (example, between setting, between providers, others). Mona asked how this topic would be operationalize and Jackie requested that Katie share an article reference on this topic. Christi noted that a 1 to 2 year completion time for a PIP may raise a concern due to the time it takes to collect baseline. Camille noted that she would not be opposed to a 3 year PIP. Katie also discussed planning for a PIP conference and addressed Carrie's question that partnering on a PIP may be possible. Alana asked the group if they considered CMS technical specifications for the adult measures grant and Camille noted that she will touch basis on that topic. Suzanne asked if the group wanted to consider depression screening for adolescents/children as a topic? Camille noted that this topic was interesting and can be looked at. Katie said next steps for the PIPs would be to work with Department contract managers to update contract language. Suzanne asked Camille to share input on the</p>	<b>Katie will share an online PIP 101 training with health plans.</b>

Mission- To improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.

	timeline which she did and the topic ended with Camille asking plans to let the Department know if a phone conference on this topic is needed.	
Consumer Assessment of Healthcare Providers & Systems (CAHPS) results	Sara share the PowerPoint slides with the group prior to the topic discussion and went over the results. Sara noted slides and categories not comparable to previous national rates (example, slide 6 Shared Decision Making). Sarah also noted slides of mental health interest (example, slide 14 “asked about Emotional Health” where 50% of FFS PCPs in make an inquiry). Sara also covered areas where plans may have done worst (example, slide 38 conclusion child Medicaid). After the presentation Carrie noted an observation for data on slide 20 vs. slide 30 where percentile results were noted. Teresa asked clarification on the timeframe for the survey and was informed around March. Nancy made a brief note about referrals to Children’s Hospital and may forward the Department input via email.	<b>Slides will be posted online.</b>
Healthcare Effectiveness Data and Information Set (HEDIS)	David shared the slides with the group prior to the topic discussion and reviewed the results. David explained some data issues with rates that may have been calculated using Admin data versus Hybrid data and noted slides that could be improved by health plans (example, slide 6 well child & adolescent visits). David also noted slides were higher performance was noted (example, slide 12 PCPP program timeliness of prenatal care, postpartum care, and access to care PCP). Slide 14 postpartum care CHP+ SMCN was also noted as an area of higher performance. After the presentation Carrie asked when the Department will share new measures for HEDIS? Wesley asked if the new measures will reflect admin or Hybrid? Camille addressed the questions, but noted final answers won’t be available until discussions with other internal staff can be made.	
<b>Closing</b>	Meeting ended on time.	

**Next meeting is November 7, 2013**

Mission- To improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.